

## Resource Guide Information

**Please complete the following information for inclusion in the next edition of the  
Mother & Child Health Coalition's Guide to Community Resources.  
Please be as brief as possible.**

Contact person: \_\_\_\_\_ Phone: \_\_\_\_\_  
(The person filling out this form.) Title: \_\_\_\_\_  
E-mail: \_\_\_\_\_

**The above information will NOT be published in the Resource Guide.**

Name of Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Web address: \_\_\_\_\_

Service(s) Provided: \_\_\_\_\_

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Counties Served: \_\_\_\_\_

Interpreters available (Languages): \_\_\_\_\_

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Fees: \_\_\_\_\_ None \_\_\_\_\_ per hour \_\_\_\_\_ per session \_\_\_\_\_ Call for info

Eligibility requirements: (By age, by residency, etc.) \_\_\_\_\_

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**Fax this page to 816/283-0307 or email it back to Anne Biswell at [abiswell@mhc.net](mailto:abiswell@mhc.net)  
Call 816/283-6242 ext. 226 for more information  
You may also mail this form to us at Mother & Child Health Coalition  
6400 Prospect, Suite 216, Kansas City MO 64132**